

ATTACHMENT 6 – COVER PAGE TO OFFER

Offeror's Name (include a Doing Business As (DBA) if applicable):

Offeror's Address:

Business Size/Designation (check all that apply):

- Small Business Large Business 8(a) Small Disadvantaged Woman Owned Business
- Veteran Owned Small Business Service Disabled Veteran Owned Small Business
- HUB Zone Business

DUNS Number:

TIN Number:

Each Authorized Negotiator's Name, Title, Phone and Fax Numbers, and E-mail Address:

Security Clearances:

- The contractor has personnel with current security clearances or has personnel with inactive clearances eligible for reinstatement.
- The contractor has no personnel with security clearances (current or inactive)

Please check the appropriate NAICS/SIC code(s) below:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| NAICS 481211 <input type="checkbox"/> | NAICS 541611 <input type="checkbox"/> | NAICS 561591 <input type="checkbox"/> | NAICS 481212 <input type="checkbox"/> |
| NAICS 561110 <input type="checkbox"/> | NAICS 561599 <input type="checkbox"/> | NAICS 481219 <input type="checkbox"/> | NAICS 561510 <input type="checkbox"/> |

Update with additional NAICS

Special Item Number(s) (SINs) Offering (check all that apply):

- SIN 599-1 SIN 599-2 SIN 599-3 SIN 599-4 SIN 599-5 SIN 599-6
- SIN 599-99 SIN 599-1000

Accepting Purchases under State/Local Disaster Recovery? Yes No

Aggregate Estimated Annual Sales under the Resultant Contract (in dollars): \$ _____

Basis for Estimated Annual Sales: _____

CERTIFICATION

I hereby certify that I have not made any changes to the terms and conditions of the Request For Proposal Number QMAD-CY-090001-B, and I represent, to the best of my knowledge and belief that the information included in my offer is complete, accurate, and true.

Signature

Date

Printed Name

Title

Email Address: _____

Phone: _____